

OHMANN=DUMESNIL (A. H.)

al

PLICA POLONICA.

CLINICAL LECTURE DELIVERED TO THE SENIOR CLASS OF THE MARION-SIMS COLLEGE OF MEDICINE.

BY A. H. OHMANN-DUMESNIL, M.D.,

Professor of Dermatology and Syphilography in the Marion-Sims College of Medicine, St. Louis.

[REPRINTED FROM INTERNATIONAL CLINICS, VOL. II., FOURTH SERIES.]



PLICA POLONICA.

CLINICAL LECTURE DELIVERED TO THE SENIOR CLASS OF THE MARION-SIMS COLLEGE OF MEDICINE.

BY A. H. OHMANN-DUMESNIL, M.D.,

Professor of Dermatology and Syphilography in the Marion-Sims College of Medicine, St. Louis.

[REPRINTED FROM INTERNATIONAL CLINICS, VOL. II., FOURTH SERIES.]



Dermatology.

PLICA POLONICA.

CLINICAL LECTURE DELIVERED TO THE SENIOR CLASS OF THE MARION-SIMS
COLLEGE OF MEDICINE.

BY A. H. OHMANN-DUMESNIL, M.D.,

Professor of Dermatology and Syphilography in the Marion-Sims College of Medicine, St. Louis.

GENTLEMEN,—I purpose speaking to you to-day on a condition which is comparatively rare in this country, although common enough in some parts of Europe. It is a peculiar disease which has been universally attributed to filth and want of proper care. Every author who has written upon this subject, with the possible exception of one or two, has agreed in this view of the etiology of the trouble. This, no doubt, has been due to the fact that nearly all the cases observed, described, and figured had the same characteristics in common,—viz., a matting of the hair in an inextricable mass, accompanied by a greater or less inflamed condition of the scalp, exuding a glairy fluid, possessing a more or less pronounced foul smell, the whole accompanied by the presence of a large number of animal parasites. The general want of cleanliness in those in whom it has generally been observed has tended still further to confirm this idea. The trouble has been observed most often in Polish women, whence it derived its name of *plica polonica*. The matting of the hair does not necessarily implicate the entire scalp, but may be confined to even a single lock of hair of greater or less dimensions, forming a hard, cylindrical, filthy mass, so characteristically denominated as *zopf* by the Germans.

It may not be known to you that such specimens are almost impossible to procure on account of the prevalent superstition entertained by those affected in this way. They are firmly convinced of two things: first, that if the matted hair be cut off blood will ooze out at the site of incision; second, that the ultimate result of such removal will be death. This is an old belief which still remains in full force up to the present day, and I have had occasion to note it in cases occurring in this city.

But, to recur to the case in hand, which is the second of its kind which I have had the good fortune to encounter. It is a typical case minus some features noted in the filthy cases, but it is of interest as throwing some light upon a point to which but one other investigator besides myself has drawn attention. I am indebted for the case and its history to Dr. M. B. Croll, of West Point, Nebraska. The history of the case may be briefly summarized as follows :

T. M. is a girl of twelve, of German extraction, slight, puny, and sickly. She is very "nervous." She has suffered from most of the diseases of childhood, such as measles, whooping-cough, varicella, pneumonia, and, later on, of chorea in a mild form. She has never menstruated. She became ill, having contracted remittent fever, of a bilious form, which followed the usual course, and she was convalescing at the end of the third week of her illness. She was treated by the family physician about ten days, when he left on a trip to the World's Fair, leaving Dr. Croll in charge. When the announcement was made to the patient that the family physician was going away she became very nervous, and that night became more delirious. On the next morning, when Dr. Croll first saw her, her temperature was higher, registering 102.6° F. She was decidedly nervous at meeting the "new" doctor. In the evening her temperature was 104.8° F. She had been very restless during the day, being slightly delirious at times.

On the third day of Dr. Croll's visits to the patient her hair on the back of the head began to mat to such a degree that a comb could not be used. This condition persisting the hair was cut off ten days after it had begun to felt. There is not much more to add. After the patient left her bed her health improved and she has been better than for years past. Her hair is falling out rather profusely, this being the old growth which is rapidly supplanted by a new and more vigorous one. Of course, there will be no alopecia.

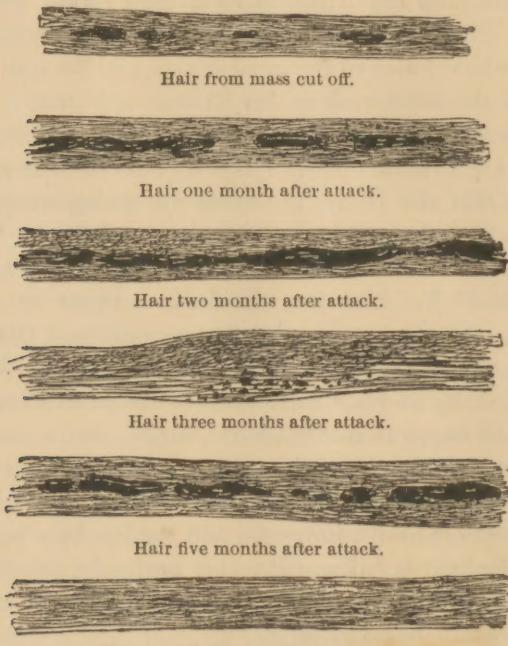
It may not be uninteresting to add that the patient's skin has always been apparently normal, there being no seborrhœa, eczema, or other cutaneous trouble.

I have here a mass of hair removed from the posterior portion of the patient's scalp, including the two braids. Upon examining this you will find that its external or posterior aspect shows that the hairs are tangled up in an apparently inextricable mass. Upon its inner aspect the condition is still more marked. Here there is a veritable felting of the hair with a small curl near the centre. This is the condition which has given the condition the name of *plica*, from $\pi\lambda\iota\chi\omega$, "I fold." In the specimen before you there is no evidence of filth, dirt, or

parasites, and it resembles greatly this other specimen which I have described on a former occasion in the *International Medical Magazine* for July, 1893. Both are derived from girls and both are blondes. In the present case the plaits are unaffected. They do not present any matting of the hair or felting, except within a very short distance of their origin from the scalp.

I have not the time to enter into a detailed statement of the complicated classification made by some authors respecting the varieties of this trouble. Those who are curious on this point may consult Ali-

FIG. 1.



Microscopic appearances of hairs.

bert and other ancient authors of works on dermatology. The point of greatest interest is that concerning the etiology of this affection of the hair. As I have already stated, filth is most generally regarded as the underlying cause. Again, inflammatory or phlegmonous affections of the scalp have been advanced as possible causes, as well as various animal and vegetable parasites. The present specimens, however, place all these alleged causes beyond probability.

An investigation pursued in a former specimen led me to make the same examinations in the present, and with analogous results leading

FIG. 2.—External aspect of hair-mass.



FIG. 3.—Internal aspect of hair-mass.



FIG. 4.—Upper or outer surface of mass of hair.



FIG. 5.—Lower or inner surface of mass of hair.



to the same conclusion. If we take hairs derived from the mass it will be found that changes in the hairs themselves have taken place. As you may see by microscopic inspection the changes affect the medulla of the hair. You will note that in some specimens (the older ones) there are considerable losses in this structure, the most marked being when the process is at its height. As the condition improves these losses become less and less, until we once more find a normal hair somewhat smaller in calibre on account of its recent growth. This condition I also observed in my former case; but there was in addition a bursting of the hair shaft in some instances, this being a veritable trichorrexis. In the present instance this has not been observed, although a persistent search might possibly reveal it.

The question which naturally arises is as to what this indicates. It certainly shows a disturbance of nutrition, and such disturbance of nutrition in the pilous system is indicative of tropho-neurotic disturbance. I am not alone in this opinion, for it is shared by the only other author who has ever investigated this subject thoroughly,—S. Jarochevski. This neurotic origin is confirmed by the history and condition of the patient. We find that she was of a nervous disposition, and she suddenly developed an intensified attack so marked that delirium supervened. The marked nervous explosion was followed by the trichoma, which seemed to increase for some little time. The condition of lack of nutrition, however, diminished *pari passu* with returning health, until now, as you may observe, the hair is normal, both upon inspection and microscopic examination.

A question which will naturally arise is as to the proper management of such cases. So far as the local treatment of such cases is concerned, removal of the entire mass of matted hair is absolutely essential. It cannot be untangled; it may prove a nidus for dirt and parasites, and it is a mass of perfectly useless hair. Having closely cropped the scalp a local stimulating application will tend to increase the circulation of the scalp and, in this way, the nutrition of the hair. A good application would be one after the following formula:

R. Resorcini, $\frac{3}{i}$;
Hydrarg. bichloridi, gr. ii;
Alcoholis, $\frac{3}{v}$ i. M.
Sig.—Apply twice a day.

This, however, is not sufficient. The *fons et origo* of the trouble must be attacked. The nervous system must be brought up to par. You will find that this involves a problem which is not devoid of com-

plications. No hard-and-fast rules can be laid down which will cover all cases. Neurotic disturbances are numerous and varied, and demand, each one in turn, appropriate treatment, which can only be determined by the symptoms presented by the case in hand. Nerve-tonics, stimulants, sedatives, alteratives, and other means are indicated in different cases. The removal or abolition of central or peripheral exciting causes of nerve-disturbance may be necessary. General measures of various natures are frequently called for, and it is not unusual to have the necessity shown of remedying certain diseased states before the nerves will regain their normal tone. To enter into but a superficial consideration of these topics would occupy too much time. It must not be forgotten, however, that the general means indicated should be followed in order to obtain satisfactory results of a permanent nature. The patient before you is a living proof of the efficacy of such measures obtained within a comparatively short period of time.

In conclusion, do not forget that investigation turned into the proper channels will yield a rich harvest, and will lead to useful and valuable deductions, not only in the field of pathology but in that of etiology as well. And etiology is the key to rational therapeutics which must inevitably lead to successful results.

